Outreach Findings

Executive Summary

The goal of MTC's Transit-accessible Locations for Health and Social Services Project is to identify solutions for improving transit access to health and social services facilities. The geographic focus of the study is Alameda and Contra Costa counties. However, findings will apply to many communities in MTC's planning area.

This report provides a synthesis of key outreach findings from Technical Advisory Committee (TAC) meetings, personal telephone interviews, and in-person focus groups conducted for the study. Outreach participants included elected officials; real estate and development professionals; land use and transportation planners; transportation service providers; social service providers; public health professionals; and community-based organizations.

Key outreach findings, as presented in the sections below, help to shed light on the following:

- The different meanings assigned the term "transit accessibility" and the relative importance of transit accessibility in decision-making processes.
- The factors that most directly influence the location decisions of health care and social service agencies.
- The key obstacles and challenges to strengthening transit access to health and social services facilities.
- Recommended solutions to improve the transit accessibility of health care and social services facilities.

Transit Accessibility and Health and Social Services

Many stakeholders voiced particular concern with providing adequate access for populations that are both transit-dependent and that frequently utilize health and social services, including low-income families and individuals, members of the disabled community, and the growing senior population. A lack of transit access for employees of health care and social service providers was also identified as a problem.

Stakeholders noted a number of factors that play a part in determining the relative transit access of a facility, including:

- The hours of operation and frequency of transit service.
- The specific geography of a transit route.

- Community and pedestrian safety and ease of access.
- The need for multiple transfers and the time required to arrive at a destination.
- The proximity of services to transit stops, where customers live and work, and to complementary health and social services.
- The cost of transit service.
- The availability of alternate modes of travel, including trains, buses, shuttles and paratransit services, as well as adequate pedestrian and bicycle access.
- The adequacy of the surrounding environment in providing equitable physical access to existing transit stops and stations, such as existing sidewalks, elevators, benches and bus shelters.
- Site design and ADA accessibility.

While identified as important, stakeholders suggested that transit access is only one element of improving access to essential services. Other factors include the geographic proximity of facilities to the communities they serve, and the physical accessibility of transit stops, service locations and paths of travel for all service customers.

Policies and Factors that Influence Decision-Making Processes

Stakeholders affirm that health care and social services are provided by a diverse range of agencies and organizations, and that different services and types of organizations must often act under different influences and constraints to make location decisions. Outreach participants identified the following factors as those with the most direct influence on the location decisions of health care and social services agencies:

- **Physical site and infrastructure requirements**, including size of the site, existing mechanical, plumbing and technology systems, and the extent to which facilities can be converted to desired uses.
- **Process requirements and professional expertise**. These include grant-driven development deadlines and the knowledge and variety of skill sets required to develop and manage a successful multi-service center.
- **Cost and availability of land** to locate in transit-rich areas. The availability of land in an ideal location and at an affordable price can constitute a significant constraint.
- **Community demand for services**. Where clientele live and the relative location of complementary and similar or duplicative services can have a significant influence on location decisions.

- **Competing access priorities**, including providing convenient access to and from freeways and major roads, sufficient parking, facility visibility, and opportunities to create visible signage.
- **Community relationships and organization credibility**. Organization credibility, transparency and a willingness to involve neighbors in planning processes are important to successfully build, expand or re-locate in a given community.

Challenges and Obstacles to Improving Decision-Making

Stakeholders identified the following key challenges and obstacles to strengthening transit access to health and social services:

- **Many existing facilities are well-established** in their current locations, and **the availability of land** to develop new facilities –- especially large facilities -- in transit-accessible locations is relatively limited.
- When choosing a location, **changing transit service** makes it difficult to prioritize transit accessibility, particularly for service providers that plan for the development of facilities years in advance.
- Providers with a desire to locate or develop facilities in urban infill locations, former industrial areas, and/or on contaminated sites with good transit access may confront some of the many social, political, legal, regulatory and financial **redevelopment challenges.**
- **NIMBYism** and neighborhood opposition to land use decisions, organizations, and/or clientele that they perceive to negatively impact the community can impede or derail location decisions.
- The preference that building owners, leasing agents, and transit providers give to **serving traditional office, retail and commercial uses** can also be a barrier.
- Physical improvements to enhance ease of access for transit riders may at times be hindered by **original site design** and the limited physical capacity of a site or facility to accommodate needed modifications.

Solutions to Strengthen Transit Access to Services

Stakeholders identified a number of potential strategies and solutions that have the potential to strengthen transit access to health and social services. Suggestions include solutions for the built environment and suggestions to improve policy and planning processes.

- **Establish neighborhood-serving clinics and centers** to improve access for multiple modes of travel, including pedestrian, bicycle and automobile access.

- **Continue to co-locate and cluster services** in transit-accessible geographic locations.
- **Pursue infill and re-use opportunities** in transit-rich neighborhoods and corridors and build political and community support for establishing new community-serving uses in areas with redevelopment potential.
- **Strengthen local review processes** by establishing policy mechanisms that include transit accessibility as an important criterion. Potential mechanisms include requests for proposals for real estate and social services provision, environmental review protocol, development requirements and incentives, and criteria for grant funding.
- **Establish development mitigation fees or development requirements** so that larger facilities are responsible for subsidizing the cost of transit operations or providing transit connections if they are not located in transit-rich environments.
- **Participate in existing incentive programs** that encourage customers and staff to use transit and/or subsidize the cost of transit service for customers in greatest need.
- **Improve collaboration** among transit service providers, health and social services, public health officials, and local review and policy entities.

I. Introduction

The goal of this Metropolitan Transportation Commission (MTC) project, funded by Caltrans, is to identify solutions to improve transit access to health and social services. While maintaining and improving transit access continues to be of critical importance, the focus of this project is to improve decisions about where health and social services are located. The geographic focus of the study is Alameda and Contra Costa counties. However, findings will apply to many communities in MTC's planning area.

MTC hired Transit Resource Center (TRC), in association with MIG, Inc., to deliver the following products and outcomes:

- Illustration of transit-accessible health care and social service facilities (through GIS mapping).
- Documentation of existing federal, state and local policies that guide location decisions and proposed new policies to incentivize decisions that place facilities at locations with transit access.
- Identification of factors that influence location decisions based on input from health care and social service decision makers, as well as local planners, transit planners, and other professionals.
- Initial development of a regional strategy to encourage social service and health care agencies to coordinate with transit operators when making location decisions. Incubation of this strategy will occur at a regional summit of health care professionals, planning directors, city managers, real estate professionals, elected officials, public transit agencies and others, planned for September 15, 2010.

The outreach effort for this project is intended to advance the dialogue about the role of land use and facility siting decisions and other policies in improving transit access to health care and social services in Alameda and Contra Costa Counties. Outreach participants included decision-makers and professionals knowledgeable of the policies, processes, issues and opportunities related to locating and improving transit access to health care and social service facilities.

Project-related outreach provided the opportunity to share information about Caltrans' and MTC's investment and interest in improving transit accessibility of health care and social service facilities in the Bay Area. These conversations also offered the chance to inform stakeholders of the regional summit planned for the project.

II. Outreach Strategy

A. Outreach Objectives

The outreach strategy for this study targeted the participation of individuals representing a variety of disciplines and perspectives, with the following research objectives in mind:

- Develop a more complete understanding of the different meanings assigned the term "transit accessibility" and the relative importance of transit accessibility in decision-making processes.
- Identify the policies and factors that most directly influence the location decisions of health care and social service agencies in Alameda and Contra Costa Counties.
- Determine the key obstacles and challenges to improving decision-making related to the siting of health and social services facilities in transit-accessible locations.
- Identify desired outcomes and recommended solutions to overcome the challenge of improving the transit accessibility of health care and social services.
- Identify examples of successful efforts to improve the transit accessibility of health care and social service facilities, and examples that clearly demonstrate the major obstacles to locating facilities near transit.

The policy research conducted earlier in the project revealed some significant findings, which helped to inform the formulation of outreach objectives, the interview and research questions, and the selection of interviewees and focus groups. First, few existing policies are designed with the specific goal of improving transit access to health care and social service facilities. Second, existing policies do not provide the regulatory authority needed for agencies and organizations to establish transit accessibility as a true priority in locating facilities. Given the land use authority of local jurisdictions, local-level policy does address this issue more specifically than do state and federal policies. However, further research in the form of personal interviews and focus groups was deemed necessary to determine the extent to which the standard operating procedures of different jurisdictions, and those of the organizations that provide health and social services, address and prioritize transit access to health and social services.

B. Outreach Methods

To accomplish the outreach objectives, the project team developed three primary outreach methods: consultation with a set of core stakeholders convened as the project's Technical Advisory Committee (TAC); personal

telephone interviews with a broad set of stakeholders; and in-person focus groups.

Technical Advisory Committee

The purpose of the TAC is to offer input and feedback on project-related technical and qualitative analysis, and to participate in planning the regional summit scheduled for September 2010. The Technical Advisory Committee (TAC) organized for this project includes representatives from County health, social service and general service agencies; non-profit organizations; transit providers; city planners; and commercial real estate companies. (For a full list of outreach participants, including TAC members, interviewees and focus group participants, see Appendix A.)

The TAC meets at key project milestones over the course of the project. During the first TAC meeting, held on September 9, 2009, members shared their perspectives on defining key terms for the study, reviewed the project team's geographic analysis of transit accessibility of health and social services in Alameda and Contra Costa Counties, and provided early input into the research and outreach scope of the project. During the second meeting, held on January 7, 2010, the project team reported on the policy research conducted for the project and outreach activities to date. TAC members shared initial suggestions regarding the schedule and agenda for the regional summit.

TAC members also have served as valuable sources of information outside of formal TAC meetings. The project team consulted individual TAC members over the course of outreach strategy implementation. TAC members shared their perspectives on specific interview topics, recommended professional contacts for interviews, and provided other consultation to the project team as needed.

Telephone Interviews

The project team conducted a series of 31 telephone interviews with decision-makers, policy experts and service providers from the public, private and non-profit sectors. The project team worked collaboratively to identify a number of potential interviewees, all deemed to have the perspective and expertise required to help achieve the outreach objectives. Interviewees were carefully selected to represent the following broad categories:

- Elected officials
- Real estate and development professionals
- Land use and transportation planners
- Transportation service providers
- Medical service providers
- Social service providers
- Community-based organizations

- Public health professionals

Telephone interviews lasted between approximately 30 and 60 minutes, covering a series of approximately 13 questions. The questions were tailored as required to ensure a relevant and productive conversation. (For a full list of interview questions, please see Appendix B.)

Focus Groups

The project team conducted two focus groups for the study, each lasting approximately 60 to 90 minutes. The first focus group was held on January 22, 2010, as part of the Alameda County Planning for Healthy Communities Working Group regularly scheduled monthly meeting. Ten people participated. The Alameda County Planning for Healthy Communities Working Group is a professional network of cities, county and regional agencies, and non-profit organizations led by the Alameda County Public Health Department. The goal of this group is to create system changes in the planning and design of the built environment by incorporating the relationship of the built environment to health into planning and decision-making.

The second focus group took place on April 27, 2010, with members of the Monument Community Partnership, a non-profit organization dedicated to measurably increasing the social and economic stability and mobility of residents and local businesses of the Monument neighborhood in Concord. Nine individuals participated.

Five overarching questions guided focus group discussion:

- How do you define “transit-accessible”? What is the relative importance you assign transit accessibility in decision-making processes?
- In your experience, what are the policies and operating procedures that most directly influence the location decisions of health care and social services agencies in Alameda and Contra Costa counties?
- What, if any, examples can you share of successful and/or unsuccessful efforts to improve the transit accessibility of health care and social service facilities?
- From your perspective, what are the specific, desired outcomes of efforts to improve transit access to health and social services?
- What solutions do you recommend to overcome the challenge of improving the transit accessibility of health care and social service facilities?

In addition, on May 3, 2010, members of the project team provided a brief presentation of the project at the City of Berkeley Mayor’s Health Breakfast.

Participants were invited to fill out and mail in a brief questionnaire that included the questions used to guide focus group discussions (see above).

C. Synthesis of Findings

Project team members took written notes to record each interview and focus group conversation. Over the course of the outreach process, the project team held regular weekly or bi-weekly conference calls to discuss key findings and assess progress achieved in achieving outreach objectives. This summary document is the product of a thorough review of all interview and focus group notes and project team discussion of outreach findings.

Observations discussed in this report are presented according to the following categories:

A. Transit Accessibility and Health and Social Services

B. Policies and Factors that Influence Decision-Making Processes

C. Challenges and Obstacles to Improving Decision-Making

D. Solutions to Strengthen Transit Access to Services

This summary often refers broadly to TAC members, interviewees and focus group participants as project “stakeholders”. Observations and recommendations are not attributed to individuals or organizations. However, a full list of TAC members, interviewees and focus group participants is included as Appendix A.

In addition to developing this report, the project team has used information gathered via the outreach process to develop four case studies. Case studies help to illustrate successes, obstacles and challenges in locating health and social services facilities in transit-accessible locations. Where appropriate, this report includes anecdotal evidence related to the case study examples and to other example facilities in the project study area.

III. Summary of Findings

A. Transit Accessibility and Health and Social Services

The first topic explored during the outreach process included how people define transit accessibility with respect to health and social services, and the relative importance stakeholders assign transit accessibility in this context. Responses to these questions are organized under the following categories:

- **Is Transit Access a Problem?**
- **Defining Transit Accessibility to Health Care and Social Services**

Is Transit Access a Problem?

The majority of project stakeholders who participated in the outreach process acknowledged that limited transit access to health care and social services is a problem, and that it is more of a problem in some areas and for some populations than others. One interviewee described transit accessibility of County health and social services field offices as "a necessity." Another health facility representative shared that "some proximity to transit" is an absolute requirement. One interviewee noted that from his/her perspective, transit access to health and social services is perceived as a greater problem than it actually is.

Stakeholders identified specific needs for improved transit access that are applicable to populations and facilities throughout Alameda and Contra Costa counties. First, many stakeholders are particularly concerned with providing adequate access for transit-dependent populations that also frequently access health and social services. This group includes **low-income families and individuals, members of the disabled community, and the growing senior population**. With respect to older adults, emphasis was placed on the need to improve access for seniors who wish to "age in place," or stay in their homes rather than re-locate to congregate housing or assisted-living facilities.

A lack of transit access for providers of health care and social services was also a concern identified by project stakeholders. **Often, medical, social services and support staff do not have good access to transit. At the same time, hospitals, residential hospices and assisted living care facilities are often poorly located.** One stakeholder observed that hospices and assisted-care facilities are increasingly located outside of transit-rich areas. Given the growing health care needs and limited mobility of the aging population, ensuring that care providers have sufficient transit access to these facilities is a significant problem.

With respect to large medical centers and service networks, outlying populations have access to basic care but not necessarily to specialty services. For example, focus group participants noted that in Livermore, basic medical care is often easily accessible, but **facilities providing specialized health care are located in distant communities** such as Oakland and Walnut Creek. With the exception of the private automobile, few transportation options exist to make these trips.

When discussing this topic, stakeholders noted additional types of services, geographic locations, and facilities that they feel warrant further attention with respect to improving physical and transit access. These include:

- Alameda County suburbs, particularly the Tri-Valley;
- the more rural portions of Contra Costa County, where transit service is very sparse;
- specialized health care services that are available at select hospitals and locations;
- Veterans Hospital in Livermore;
- Contra Costa Regional Medical Center in Martinez (weekend service and east-west transit connections)

Defining Transit Accessibility to Health and Social Services

Lengthy discussions with individuals representing a variety of disciplines and experiences have helped to illustrate the complexity of improving transit access to health and social services facilities in the Bay Area. During its first meeting, the Technical Advisory Committee discussed the meaning of the term "transit accessibility" and how it should be defined for the purposes of this study. Some TAC members recommended that lifeline service from the MTC 2001 Lifeline Transportation Network Report's definition of lifeline service serve as the baseline or starting definition for this project.[1] This definition is based on the **hours of operation and frequency** of transit service. Other TAC members felt that this standard was much too stringent to represent a feasible goal or standard. One project interviewee commented that, based on a recent survey of transit users, the **specific geography of a transit route** should be valued over frequency of service.

[1] MTC. Lifeline Transportation Network Report: 2001 Regional Transportation Plan for the San Francisco Bay Area. December 2001. See chapter 4, pages 19-20 for proposed standards.

Stakeholders raised the issue of **multiple transfers, the cost of transit, the time required to arrive at a destination, and the allotted time restrictions for using transfer passes**, suggesting that these are also variables in determining whether a particular health care and social service location is accessible by transit. One focus group participant suggested that providing a direct "point-to-point connection" is very important.

In addition, TAC members suggested considering **the availability of alternative modes of travel** that supplement traditional rail and bus service when defining transit accessibility, such as paratransit, dial-a-ride programs, and private shuttles. For people who need to cross jurisdictional and County lines to receive health care and social services, stakeholders identified the interconnectedness of existing transit services as a significant factor in determining whether services are transit-accessible.

Both interviewees and focus group participants stressed that transit access to health and social services is not just a matter of the accessibility of transit that connects to health and social service locations. **Transit accessibility also has very much to do with the adequacy of surrounding environment in providing equitable physical access to existing transit stops and stations.** Creating a truly transit-accessible location requires that all potential users are able to access transit service and health and social services safely and comfortably.

Community and pedestrian safety and ease of access were also noted as important access issues. Stakeholders brought to light infrastructure-related considerations that reach beyond the basic scope of the Americans with Disabilities Act (ADA). These include sidewalks wide enough to eliminate all conflicts and provide safe passage for all users, and crosswalks with long enough lights for elderly, frail and disabled people to cross safely.

Project stakeholders helped to illustrate the fact that **transit access is only one element of improving access to health and social services facilities.** Other factors include the geographic proximity of facilities to the communities they serve, and the physical accessibility of transit stops, service locations and paths of travel for all service customers.

Thus, while identifying issues related to transit access is a critical element of this study, **improving access to essential health care and social services requires a more inclusive working concept of accessibility.** The reality is that health care and social services facilities are often times poorly located relative to established transportation services. Project stakeholders helped to confirm this finding. Discussion with the TAC and early interviews quickly verified that a number of factors are involved in locating health and social service facilities and significant constraints exist to improving their location. In the current context, the notion of improving access to health and social services assumes the need to locate new facilities and/or relocate existing facilities and services in transit-rich locations.

B. Policies and Factors that Influence Decision-Making Processes

The second topic explored during the outreach process included the policies and factors that most directly influence the location decisions of health care and social services agencies in Alameda and Contra Costa Counties. Responses to these questions are organized under the following categories:

- **Who Drives Location Decisions?**
- **Physical Site and Infrastructure Requirements**
- **Process and Expertise Requirements**
- **Cost and Availability**
- **Community Demand for Services**
- **Competing Access Priorities**
- **Community Relationships and Organization Credibility**

Who Drives Location Decisions?

In discussing the factors that influence decisions to locate health and social services facilities, stakeholders naturally discussed who they believe drives or most influences these decisions. Stakeholders acknowledge that health care and social services are provided by a diverse range of agencies and organizations. As such, **different services and different types of organizations must often act under different influences and constraints to make location decisions.**

Stakeholders point out the central role that developers and health and social service providers play in initiating location choices and determining where health and social services facilities are located. County agencies suggest that individual County departments and County supervisors have a strong hand in choosing where to locate agency clinics and field offices. Other private, public and non-profit service providers also play a central role in determining the location of their own facilities.

According to Federal and State agency representatives interviewed, local government controls the location of facilities, and thus they believe that the State and Federal roles in influencing such decisions are limited. However, outreach findings suggest that Federal and State geographic designations, grant requirements and restrictions, and policy directives can and do influence facility location (see “Cost and Availability” and “Community Demand for Services” sections below).

From a regulatory and land use perspective, approving the location of a health and social service facility is primarily a local decision. The

role of local planning agencies, planning commissions and city councils in influencing decisions to build new facilities or expand existing facilities is widely acknowledged. This takes place via development and adoption of local zoning restrictions, specific plans and design review requirements, and more directly via the development review process. However, some stakeholders assert that City and County staff at times simply do not consider transit access when reviewing development proposals.

These **local decisions involve a number of players and often have the potential to involve many more.** At the local and regional level, planners, public health professionals and transit service providers interviewed acknowledged the important role that one another play, or should play, in this process. Some also express that planners' often fail to coordinate or consult with public health and transit agencies during the project review and approval process.

Outreach findings also suggest that public and private organizations that fund social services or incentivize service providers to locate in given locations (such as State grantors and hospital foundations) also influence the siting of health and social services.

Physical Site and Infrastructure Requirements

The ability to locate health and social services facilities in a particular location is highly dependent on finding a site or facility that meets the requirements of the service provider. **First, the size of the site must be large enough to accommodate the intended use**. For large-scale medical centers this can be a significant constraint, and one that often leads health care providers to locate in suburban or outlying areas that are not well-served by transit.

Health care service providers generally have specific infrastructure requirements beyond those met by general office or commercial spaces available on the market. Health care facilities often require specific mechanical, plumbing and heating, cooling and ventilation (HVAC), and/or infrastructure technology systems, depending on their specific use. This means that **an existing facility must have adequate space and infrastructure to lend itself to conversion for health care service provision**. This places a clear restriction on the type of property that providers can inhabit, which can limit their ability to prioritize transit access and geographic location when choosing a site.

For this reason, health care facilities – and particularly dental facilities - can also be very expensive to develop and design. Such financial constraints can make it challenging to acquire property that is located in a more densely populated area or an area better served by transit, which tend to be more expensive, as well.

Kaiser Permanente finds that using a template hospital design greatly shortens the review time for state licensing. This practice and uncertainty about what elements of a medical center will need to expand over a potential 50-year time span lead to decisions to build new hospitals in the middle of large sites.

On the transit provision side of the access equation, infrastructure requirements can impact the ability to improve transit service as well. One stakeholder noted that, in some communities, **the lack of basic infrastructure can significantly impede or delay efforts to expand transit service to underserved areas**. For example, efforts to extend existing bus service to Cherryland, an unincorporated community in Alameda County, took a very long time due to the lack of sidewalks on one street. For user safety and access reasons, the County felt it was a priority to construct sidewalks before expanding bus service. Street and sidewalk improvements can be very expensive to complete, which, in this case, limited the ability of the County to implement them and extend transit routes quickly.

Process and Expertise Requirements

Co-locating health and social services with similar or complementary uses is one approach to improving access to services. Many stakeholders noted the benefits for mobility access that this approach provides. One stakeholder also pointed out that **facilities that include multiple uses can also be complex to plan, develop, broker and manage. In other words, multi-use service center development projects require particular expertise that many developers may not have**. For example, the architectural licensing process for health clinics is completely different than that for other commercial or office uses.

The East Bay Asian Local Development Corporation (EBALDC) is a non-profit mixed-use developer based in Oakland that has worked with community health clinics and social service providers to provide services and service coordination on-site in residential developments. Oakland Seven Directions is a four-story development that includes three stories of residential above a medical and dental clinic of the Native American Health Center. EBALDC did not have prior experience developing or managing a health clinic and so the success of this project required a high level of collaboration with the clinic and co-ownership of the building. Some of the details that made this project complex included the entitlement process with the City and establishing easements for residential tenant emergency access through the clinic.

The example of Oakland Seven Directions raises the issue of improving access to health and social services by locating services close to where people live. Decentralization of services or providing neighborhood-based services as a solution to improving physical access is explored in *Section D: Solutions to Strengthen Transit Access to Services*.

In some cases, service providers constructing new facilities may have to adhere to grant-driven development requirement timelines, which could potentially leave less flexibility or time to find the "best" location. The relocation of West Contra Costa County Health Center in Richmond is one example of this constraint at play. Contra Costa County received federal stimulus funds to help finance this project. The grant establishes deadlines to meet certain project milestones, which may limit the ability of the County to explore the range of possibilities with respect to the facility's new location.

Cost and Availability

Many stakeholders identified the strong role that the market plays in influencing the location decisions of health and social services providers. Often, the economic viability of a development project or the decision to locate in a given location can be based on the cost or availability of the land or lease. Thus, from the perspective of some interviewees, **the opportunity for service providers to locate in transit-rich areas is dependent on cost-effective opportunities to purchase or lease space for location or expansion**.

City centers, urban locations and, perhaps to a lesser degree, central suburban locations are typically the most transit-rich areas. **The cost differential between purchasing property or leasing space in these areas and in outlying or more rural areas with limited transit access can be significant**. One stakeholder noted that in Contra Costa County, to lease Class A space located near a BART Station that also has excellent bus service costs between $2.40 and $2.85 per square foot, compared to $1.40 to $1.45 per square foot for relatively comparable space in a suburban setting with limited transit options.

Speaking with other stakeholders, **the overall expense of locating in a transit-accessible location may be less significant than these numbers suggest**. Several interviewees suggested that the real estate-related portion of a facility's operating cost (rent or amortization) may be only 2 to 3 percent of its operating costs when considering labor costs, utilities, and other expenses. Thus, an increment of $.50 - $1.00 per square foot per month, while seemingly substantial when comparing rents, perhaps only represents a one percent increment in operating cost.

The availability of land can also be the primary factor that determines where health and social service facilities are located. The Ed Roberts Campus in Berkeley is a model facility in terms of transit access. **The availability of land located at the Ashby BART station at the time of the Center's conception constituted a unique and rare opportunity**. In the case of La Clínica, a non-profit health services provider that serves Alameda, Contra Costa, and Solano Counties, the opportunity to expand its San Antonio Neighborhood Health Center in Oakland was contingent upon the availability of adjacent land. The Center is located on International Blvd., a relatively

transit-rich urban corridor accessible to neighborhood residents as well as residents of the greater Oakland community. Meeting local demand and remaining in its current transit-accessible location required that La Clínica expand the Center, which would not have been possible had land adjacent to the site not become available for purchase.

One stakeholder noted that, historically, Contra Costa County has preferred owning its office and service locations rather than leasing space. **For County service providers with existing land holdings and minimal resources to purchase new land, re-locating established services with the goal of improving physical and transit access would likely require that County-owned land become available in such a location**. However, the stakeholder noted that the preference to own space does not hold true when it comes to social services provision, as many state grants to counties cover the cost of a lease but not the cost of mortgage amortization.

Community Demand for Services

According to stakeholders, meeting the demand for service and support is a primary factor in deciding where to locate health and social services. **Ideally, clinics and services wish to locate as close to their customer base as possible, near complementary services, and at a reasonable distance from similar or duplicative services.** Thus, where clientele live and the relative location of complementary and competing services can have a significant influence on location decisions.

This may be particularly true of health care facilities such as community-based health clinics that are subject to Federal or State funding requirements or are part of a well-regulated network of care. As one interviewee pointed out, the demand for care is the highest criteria for locating community health centers, or establishing Medical Service Study Areas (MSSA) of the Office of Statewide Health Planning and Development (OSHPD). Demand for care is the highest criterion for community health centers. In many cases, areas where demand for care is high may have very limited public transportation. The need for health care service is often demonstrated by determining which services already exist in the area, and a lack of existing facilities may also mean less transit access.

State and federal designations and incentives to increase health services in specific geographic areas in some ways focus on locations where transit access may be limited. As one interviewee explained, the Office of Statewide Health Planning and Development (OSHPD), in partnership with the US Department of Health and Human Services Health Resources and Services Administration (HRSA), designates health professional shortage areas, medically underserved areas, or medically underserved populations. With respect to health professional shortage areas, the State determines where there are shortages of health professionals and offers incentives such as loan repayments and scholarships to locate and

work in these areas. According to the interviewee, designation scores are generally not very high in urban areas, where transit access tends to be better.

Generally, clinics and service providers must prioritize the ability to meet demand over ensuring transit accessibility. The siting of the Kaiser Medical Centers in San Leandro and Antioch are two examples of this reality at play. Evidence suggests that, in these cases, locating in areas generally accessible or located in proximity to communities with unmet demand for services has taken priority over ensuring that the facilities are easily accessible to transit-dependent populations.

Competing Access Priorities

Health care clinics and social service providers often have competing criteria and priorities with respect to locating facilities. **Often, different sets of criteria related to ensuring appropriate physical and transportation access to services may conflict with one another**, or be perceived as mutually exclusive from an implementation standpoint. One interviewee described the trade-offs involved in locating in an area with good transit access to include easy freeway access, access to and from major roads, sufficient parking, visibility of the facility and opportunities to create visible signage. More than one interviewee pointed out that the vast majority of clients access suburban health and social service facilities by automobile, while the transit share is very small. Even doubling the transit share would not justify a location that favored transit to the detriment of vehicular access. The ability to market services to the community can also be an important factor in choosing where to locate.

According to one TAC member, any developer wants their facility to have access to the best public transportation available. At the same time, parking and security are also major concerns and the availability of free parking for staff and clients can be a significant attraction. This is often not available at transit rich locations.

In the case of the Ed Roberts Campus Project in Berkeley, preserving parking at the Ashby BART Station was a major issue for the Bay Area Rapid Transit District (BART). At the time of negotiations, BART required a 1:1 replacement of each parking space that the Ed Roberts Campus proposed to build over. This requirement was based on the philosophy that a loss in parking spots would lead to a loss in BART ridership. While BART adapted its philosophy and approach for the benefit of this project, allowing the elimination of a small number of parking spaces, convincing the agency that facility users would generate many more transit trips than would a limited number of parking spaces took a significant effort.

As one interviewee pointed out, parking requirements placed upon developers can limit the availability of land for other uses and weaken the

economic viability of a development project. When considering this cost in light of calls to require that developers, service providers, and property managers help subsidize the cost of transit service for their tenants, staff, and clientele, **stringent parking requirements may represent an opportunity lost for those truly interested in improving transit access to their facilities.** Some stakeholders advised that parking requirements should be reduced in areas with excellent transit service.

The placement of parking at the site design stage is also a factor that can influence transit access to facilities. Often, large new medical centers are surrounded by a sea of surface parking. Either transit riders have long walks from bus stops or buses have to leave public streets to serve the facility, which can negatively impact the timeliness and reliability of transit service for other users along the route. Site planning to improve conditions for transit riders is rarely mandated in the development review process.

Community Relationships and Organization Credibility

Information shared during the outreach process suggests that **a provider's relationship with the local community does impact location decisions**. While this relationship may not be the reason for a service provider to pursue a particular location, it can be an important reason for the success that an organization experiences in building, remaining or re-locating in a given community.

Despite the political complexity of the Ed Roberts Campus project and initial community opposition to the facility, the project was successful and the Campus was built in its desired location. This occurred in large part because of the reputation of the project proponents among the local community as credible organizations, and the positive working relationship developed with the community over time. A significant outreach effort and willingness to involve neighbors in planning efforts at the earliest stages of the project were central to developing good will and positive relationships with both the City of Berkeley and the local community.

C. Challenges and Obstacles to Improving Location Decisions

The third topic explored during the outreach process included the key obstacles and challenges to improving decision-making related to siting health and social services facilities in transit-accessible locations. Findings are organized under the following categories:

- **Inter-Agency and Inter-Jurisdictional Issues**
- **Established Locations and Built-Out Communities**
- **Planning around Changing Transit Service**
- **Redevelopment Challenges**

- **Leadership and Political Will**
- **Limited Resources and Staff**
- **NIMBYism**
- **Orientation to Administrative and Commercial Uses**
- **Site Design**
- **Vision and Continuity**
- **Housing Affordability**

Inter-Agency and Inter-Jurisdictional Issues

One interviewee noted **the natural tension or disconnect that can exist between regional and city planning efforts** and the difficulty this poses for integrating land use and transportation planning decisions. While cities and (in the case of unincorporated communities) counties control land use decisions, regional and sub-regional entities are responsible for coordinating and operating transit. This creates a situation in which opportunities for coordination are easily lost and decision-making often occurs in silos.

More than one interviewee stated that **the current paradigm does not involve the transit operator up-front in decisions about facility locations**, and so transit operators have little power and/or motivation to affect positive change in this regard. This puts transit operators in a very reactive position in the decision-making process. As an example, while one stakeholder acknowledged that Contra Costa County's Social Services office in Hercules is "reasonably well located for transit access", the Western Contra Costa Transit Authority (WestCat) was consulted only after the site was selected.

A related historic and on-going case of siloed decision-making noted during interviews and focus groups is that involving the public health and planning fields. **County and municipal public health professionals and planners have acted separately for a very long time.** The growing desire and effort to realign the work of these two fields represents an opportunity to improve physical and transit access to health and social services. However, to the extent that this separation continues to exist, it can act as a barrier or obstacle to improving transit access to health and social services facilities.

Established Locations and Built-Out Communities

Many existing facilities are well-established in their current locations. In addition, as many stakeholders have pointed out, **the availability of land to develop new facilities in transit-accessible areas is relatively limited**. Large-scale facilities such as hospitals have a large footprint, which makes locating them in relatively built-out, transit-rich environments difficult. One approach to this challenge has been to build

hospitals “in the path of development”, based on the assumption that population growth will occur at an anticipated rate and transit service provision will quickly follow. The new Kaiser hospital in Antioch and the John Muir Medical Center in Brentwood are two examples of this approach at play. The need to meet seismic standards and conflicts with surrounding neighbors can also induce hospitals to build replacement hospitals on larger, less constrained sites.

Interviewees are quick to point out that building in outlying suburban and rural locations can lead to limited transit access to health care service in the mid-term, and may ultimately facilitate growth patterns that make it more difficult to serve populations effectively. However, it is also important to note that the new medical facilities in Antioch and Brentwood were built in response to population growth in eastern Contra Costa County, and that these facilities reduce the need to visit existing facilities in Walnut Creek. Children’s Hospital of Oakland provides another example of how building facilities outside of transit-rich areas can help improve access to services for some consumers. They have established outpatient clinics for some services in Walnut Creek, Brentwood, Pleasanton, and even Modesto, while maintaining in-patient facilities at the main campus in Oakland.

Planning around Changing Transit Service

Despite the best efforts of planners and health and social service providers to locate services in transit-rich locations and/or coordinate direct transit access to services, cuts and changes to transit service remain a reality. Moreover, changes to routes, stops and frequency of service are not predictable. Recent transit service cuts identified by interviewees include bus service to Summit Medical Center in Oakland and the Fremont Family Resource Center in Fremont, negatively impacting the transit accessibility of these facilities.

From the perspective of health care providers that plan the development of facilities years in advance, **it is difficult to project what bus service will be available in the future and thus difficult to prioritize transit accessibility in choosing a location.** This reality speaks to the fact that rail access can affect longer-term planning choices that bus service simply cannot.

Redevelopment Challenges

One stakeholder discussed the redevelopment potential of urban and industrial spaces in the context of locating new facilities in transit-rich locations. These same areas are often in close proximity to established rail networks and service. Given some of the challenges of finding suitable, affordable sites in areas with transit access and opportunities for expanded transit service, infill development is an important strategy to keep in mind.

At the same time, political opposition to redeveloping industrial or formerly industrial properties can act as a barrier to pursue these sites. **Because of the desire to protect industry and related jobs, there is often political resistance to transforming industrial sites into development that provides other community-serving uses.**

Many large infill sites are contaminated brownfield sites. This reality adds significant development challenges from a legal, regulatory, community and cost perspective. Remediation and redevelopment of contaminated land to serve the public is met with negative perceptions related to exposure and liability. Remediation costs are a clear barrier also. However, according to one stakeholder, not-for-profit organizations may be more willing to take risks in this arena, especially those that may already be serving populations that live in the area where the contaminated site exists.

Certain financial mechanisms may preclude public agencies from participating in redevelopment projects, potentially limiting opportunities for public health clinics and social services to locate in redevelopment areas. As one stakeholder pointed out, public agencies are exempt from paying property tax. Tax increment financing (TIF) is a popular mechanism for funding redevelopment projects in designated redevelopment areas or districts. Exemption of public agencies from contributing taxes to finance redevelopment projects increments deters local redevelopment agencies from welcoming County service providers as part of new developments.

Leadership and Political Will

Many project stakeholders pointed to **a lack of political will on the part of elected officials, service providers, facility directors and planners as a primary obstacle to improving transit access to health and social services.** One interviewee used the example of a local transit authority to illustrate the lack of political will to improve transit access. He/she pointed out that while the Transit Authority is a Joint Powers Authority (JPA) composed of the cities and counties, the member cities – who are themselves ultimately responsible for local land use decisions and the siting of facilities - do not push developers very hard on transit-related issues.

One interviewee sited extensive bureaucratic procedure and "red tape" as a challenge to making location decisions that involve public resources. The interviewee also noted the level of influence that County supervisors can play in decisions to locate facilities and their ability to advance review and approval timelines for projects or issues they consider to be of high priority.

One interviewee noted a case in which leadership concerns over the impact of direct, on-site bus service on physical infrastructure and traffic safety led to a decision to reduce or eliminate direct bus service. Another interviewee noted that local jobs creation is a primary goal or desired outcome related to the development or expansion of larger facilities. This means there may be political pressure to push projects through without giving careful consideration to transit accessibility issues.

Whether a matter of political will or simple priorities, the role of elected officials (and therefore, the voting public) and facility directors in advancing this issue and establishing greater transit access for their clientele is significant.

Limited Resources and Staff

Interviewees confirmed that **the economic climate is a major factor that influences location decisions both directly and indirectly**. Limited resources and staff have a clear, direct impact on the capacity of organizations to work collaboratively with other agencies and jurisdictions to improve transit accessibility, or to purchase or lease high-cost transit-accessible land or facilities space. On the transit side, one interviewee commented that while capital funding for transportation is often available, money for transit operations is often lacking.

For some non-profit health care and social service providers, cost is not necessarily an insurmountable barrier or constraint to siting facilities in transit-accessible locations. According to one interviewee, grant funds and private dollars can often fill gaps in funding that may otherwise act as an impediment for other care and service providers interested in locating in proximity to existing transit.

However, stakeholders are quick to point out that **at a broader level, even the best policies require funding and resources, as well as political will, in order to be implemented and enforced.** While a handful of interviewees noted existing land use guidelines and policies focused on encouraging transit-oriented development and application of smart growth principles, such policies and guidelines were noticeably absent from discussion of factors that influence location decision-making.

Indirectly, **short-term economic decisions and constraints may trump implementation and enforcement of policies that would ultimately improve transit access to health and social services.** Such policies

noted in interviews and focus groups include recently developed policies related to smart growth, transit-oriented development, and reducing vehicle miles traveled to combat climate change.

NIMBYism

Outreach participants identified community opposition to locating particular uses in or near their neighborhoods as one factor influencing decisions to locate health and social services. This opposition may be due to the size of the facility and the foreseeable impacts it will have on traffic, infrastructure, etc. This opposition may also be due to the specific use proposed or the anticipated clientele of the proposed facility.

Orientation to Traditional Commercial and Office Uses

The preference given to traditional office and commercial uses may also be a barrier to locating health and social services in transit-accessible locations. Building owners and leasing agents have their own set of criteria that they apply when seeking tenants. **Often, owners or managers of multi-tenant buildings will give preference to tenants that do not attract many public visitors**, in order to keep foot traffic to a minimum and avoid disturbances for other tenants. Some view certain public services and clientele as undesirable. One stakeholder asserted that very few property owners or managers will say that they will not accept a non-profit or social service agency, unless they do not want a specific use. Examples of these uses may include medical marijuana clinics, drug rehabilitation facilities, and so forth. CalWorks and other offices of Contra Costa Social Services have a deputy sheriff or security officer in the lobby – presumably indicating some expected frequency of incidents.

On the transit side, outreach participants stressed that the market economy also has a clear influence over where transit service is located with respect to health care and social services facilities. One stakeholder noted **the tendency of transit agencies to prioritize serving commercial and retail uses over non-profit and community-oriented uses such as health care and social services.**

Site Design

As participants of one focus group pointed out, the design of particular facilities and surrounding infrastructure can limit the ability to provide immediate transit access to a facility. One multi-service health center located in Livermore is two blocks from a bus stop, and is thus presumed to provide relatively good transit access. At the same time, the sidewalk is not wide enough to provide a bus shelter at the bus stop. This minimizes comfort and ease of access for consumers of health care services, both of which were identified as important factors in determining the true transit accessibility of

services. In addition, one stakeholder pointed out that while paratransit can provide door-to-door access to this same facility, a bus is not able to. The street does not provide adequate width for a bus to turn around once dropping passengers in front of the facility. This suggests that **efforts to improve transit access in a manner that would improve the experience of disabled and senior consumers of services may at times be hindered by site capacity and design**. As the policy review conducted for this study indicated, site design to improve ease of access and enhance the comfort of transit riders is seldom mandated.

Vision and Continuity

One potential challenge or obstacle to improving transit access to health care and social services is the lack of vision, continuity and persistence required to see a successful project through to fruition. Some of the best local examples of co-located transit-accessible locations took years to complete. These include the Fruitvale Transit Village in Oakland, which includes a community-based medical clinic and the Ed Roberts Campus in Berkeley, both of which took over 10 years from initiation to completion.

As noted by one interviewee, **the length of time a successful and well-located project or facility takes to plan and implement can be a challenge. Few agencies have long-term visions**. Also, many agencies deal with high turnover of staff, which makes implementing longer term visions or projects challenging.

Housing Affordability

The affordability of housing is one important, systemic issue identified as a potential obstacle to improving transit access to health and social services facilities. Many people live in suburban and outlying areas that may not be well served by either health care and social services or transit. **The lack of opportunities to purchase or rent a home at an affordable cost in locations well served by transit or health and social services, or both, is a primary factor in the decision to live in these areas.** This, in turn, places greater pressure to expand transit and/or health and social services into new suburban and ex-urban communities.

D. Solutions to Strengthen Transit Access to Services

When asked to recommend solutions to improve transit access to health and social services, participating stakeholders shared a number of ideas. This section presents a synthesis of stakeholder recommendations, organized under the following broad categories:

- **Built Solutions**
    - Neighborhood-Serving Clinics and Centers

    - Central Co-Located Services
    - Infill and Re-Use Opportunities
- **Policy and Planning Solutions**
    - Be Proactive in Planning and Locating Facilities
    - Engage the Community in Planning Decisions
    - Strengthen Project Review Criteria
    - Establish Development Mitigation Fees to Fund Transit Service
    - Subsidize Transit Use
    - Build Political Will
    - Empower Consumers
    - Improve Collaboration

Built Solutions

Stakeholders recommended a range of approaches and shared a number of examples of the types of facilities that help improve physical and transit access to health and social services. These include health and social services that are:

- located in well-populated, transit-rich areas and in areas of maximum population growth;
- consolidated in the same transit-accessible building or complex;
- located on the same block and in close proximity to transit access;
- located near major developments, such as senior assisted care facilities; and
- neighborhood- and resident-serving clinics and centers such as services located in schools and affordable residential developments.

Neighborhood-Serving Clinics and Centers

Stakeholders recommend improving physical access to services by expanding the number of neighborhood and community-serving clinics and offices. Doing so may be particularly important in areas where transit is infrequent, inconsistent or simply does not exist.

While the policy environment surrounding health care provision has the potential to change dramatically in the years to come, community-based health organizations are playing a greater role in outpatient service provision. This may create opportunities to:

- Develop local, community-serving hubs and clusters. Emeryville's Center for Community Life is just one example of this type of facility.

- Establish school-based clinics. Alameda County is currently working to establish 11-15 clinics in areas of greatest need.
- Explore the feasibility of putting clinics in fire stations and other existing neighborhood-serving locations. Alameda County is currently doing this.
- Locate services in residential developments. Look to projects of the East Bay Asian Local Development Corporation (EBALDC) as potential models.

Central Co-Located Services

Co-locating services under one roof is another recommended approach to improving access to health and social services. Department of Labor one-stop centers and Contra Costa County Workforce and Children's Services in Pleasant Hill and Antioch are examples, as are the Alameda County Eden multi-service center in Hayward and Family Resource Center in Fremont.

Clustering services in one geographic area in well-populated and/or relatively transit-rich locations is another suggested solution. County social services and health care facilities in Hayward are located on the same block to improve access for consumers.

Infill and Re-Use Opportunities

Given that many communities well-served by transit are relatively built-out, stakeholders recommended targeting infill sites as sites for new facilities. One example is the Eastmont Mall in Oakland, a former shopping mall that is now the site of the Eastmont Wellness Center and other social services and is adjacent to an AC Transit transfer center. One stakeholder suggested that there may be more community and political support for establishing new uses that are not profit-oriented but rather-community serving in industrial or low-income areas. This may especially be the case for controversial brownfield sites in or near low-income communities. The California Environmental Protection Agency (EPA) provides support for non-profits in the business of remediating and redeveloping contaminated properties.

Policy and Planning Solutions

Stakeholders suggested a range of potential policy and planning solutions to improve transit access to health and social services. These suggestions apply to a range of agencies and actors at the federal, state, regional, county and local levels.

Be Proactive in Planning and Locating Facilities

- Continue to gather information about where consumers live and use this to inform location decisions. Compare this information against existing transit service.

- Consider access to services from a systems perspective and prioritize actions. Identify which facilities are the most critical to have excellent transit access, work with staff to lay out real alternatives, and include more stakeholders in the evaluation process.
- Consider the least mobile consumers or those of greatest need.
- Hire a professional to conduct technical studies to test assumptions regarding the constraints and challenges that have the potential to "kill" a successful transit-accessible development project.

Engage the Community in Planning Decisions

- The Ed Roberts Center illustrates the important impact that engaging the community in site planning-related decisions can have in furthering efforts to locate a facility in a desired location.
- Take advantage of the long timeline required of successful projects to develop effective working relationships with the community. Some of the best examples of co-located or TOD locations took years to complete and involved the local community.
- Involve potentially impacted community members from the beginning of the process. To overcome community opposition. Listen and be willing and open to address neighborhood concerns.
- Conduct meaningful community outreach before planning transit service cutbacks to identify consumer needs and preferences.

Strengthen Project Review Criteria

Many stakeholders suggested that transit accessibility be given more consideration in local project review and approval processes. Specific recommendations include the following:

- Include the location of a proposed facility in relation to fixed route transit as a criterion when issuing requests for proposals for health and social services, facility space, etc.
- Give transit access more attention in the environmental review process. For example, consider climate change, air quality and environmental health impacts.
- Establish a mechanism for requiring that transit access be considered during the development proposal review and approval process.
- Elevate the importance of transit accessibility in local green development requirements and incentive programs.
- Apply LEED Neighborhood Development Standards. LEED ND provides credits for "Locations with Reduced Automobile Dependence" (7) and "Transit Facilities" (1) (minimum of 40 points required for certification)
- Require an ombudsmen to inform the development review and approval process by providing census data on clients, potential users, travel patterns, and information on the social impacts of the decision.

- Include transit access criteria in grant funding requirements for services and new facilities.

Establish Development Mitigation Fees to Fund Transit Service

- Developers and service providers are not required to help fund the transit service needed to serve their consumers.
- If not located in a transit-rich environment, larger facilities should subsidize the cost of transit operations or provide shuttle service to provide access to the services they offer.
- Build in-lieu fees for transit service into development fee structure for new facilities if transit is not already readily available from their location.
    - Challenge: There are already a number of fees imposed on developers.
    - Challenge: Passing an in-lieu fee would require conducting a nexus study, which can be very expensive. At the same time, grants for nexus studies are available.
    - If assessing developers a fee to fund transit service is identified as a desired solution, address the disconnect between cities' role in collecting fees and its ability to fund transit service. Local municipalities collect development fees but do not fund or control transit.

Subsidize Transit Use

- Encourage health care and social service providers to participate in programs like AC Transit's EasyPass Program.
- Encourage landlords and large service providers to provide shuttle connections if they are not proximate to fixed route transit. For example, replicate, expand and enhance hospital shuttle service to and from BART and adequately promote this service.
- Explore how a reduction in City and County requirements (parking, etc.) might be used as an incentive to encourage these practices.

Build Political Will

There are a number of venues and opportunities to generate political will and influence policy related to this issue. Stakeholders recommended targeting specific agencies and actors in order to educate and build awareness among leaders who influence or make location decisions.

- **California Office of Statewide Planning and Research (OSHPD).** Notions of medical service deficiency and related state designations may not adequately consider transportation/transit access to medical services.

- **Hospitals and health care facilities.** Hospitals have a social responsibility to improve access to health services and contribute to quality of life. Determine how hospitals can be consistently involved in planning-related discussions.
- **County boards of supervisors.** Supervisors can have a strong influence over the course of a project review and approval process for county facilities and in the provision of grants to community-based providers.
- **MTC commissioners.** It is important that MTC commissioners and other leaders in transportation understand and address the connection between transit and essential service destinations.
- **County departments.** County departments that serve the public often have a strong influence over where their facilities are located.
- **Federal agencies** such as the Partnership for Sustainable Communities (HUD, DOT, EPA), The Department of Labor, and the Veterans Administration represent potential venues to influence policy at many levels.

Empower Consumers

- Consumers of transit, health and social services have a very important role to play in influencing location decisions, both directly and via their elected officials. They also have a unique and singular role to play in accessing needed services.
- Encourage and empower consumers of health and social services to advocate for access to essential services. The community's effective opposition to relocating the Alameda County Juvenile Justice Center in a less accessible location exemplifies the importance of public involvement.
- Teach consumers of health and social services how to use existing transit service.
- Encourage the public to attend hearings regarding transit cuts to make their case known. Criteria to cut transit can be inconsistent, and the community's voice can influence decision-making.
- Work with advocacy groups to advance this issue to the top of their agendas. United We Ride (Health and Wellness Group) is one example.

Improve Collaboration

- Proactively engage transit providers in location decision-making.
- Encourage County general service agencies, facilities developers, and health and social service providers to coordinate location decisions with transit and paratransit service providers.

- Improve collaboration and communication between planning agencies and public health and social service agencies as it relates to locating services.

IV. Conclusion

We are in the early stages of a transformation in health care delivery. While it is not clear what the ultimate outcome will be, there seem to be moves to decentralize the provision of basic health care from county facilities to community-based organizations and even neighborhood or school-based clinics. This is particularly true for lower income communities that are most in need of better access to health care.

Transportation to medical services includes a variety of services, from conventional fixed route transit to paratransit, non-emergency medical transport, emergency medical transport and medical center provided shuttles to major transit hubs. Outreach findings highlight the need to give close consideration to the role that paratransit, shuttles and flexible door-to-door service plays in supplementing fixed route service, particularly given cuts to fixed route transit service and the high cost of medical transport. This is particularly important for frail seniors and the ill.

A transit-accessible location should provide access with reasonable frequency and directional choice. There is a significant difference in accessibility between having bus service on one route with 60 minute headways and having service from two or more routes with service from multiple points, each at 30 or 60 minute headways. At the same time, stakeholders make clear that transit access to health and social services is only one element of improving access through improved land use, site design and location-related decision-making.

Findings also suggest that agencies need to spend more time and effort planning facility relocations. Finding a convenient site, particularly for a multi-service center, takes time and coordination. The most accessible sites are frequently not available in the short-term, and short-term decision-making leads to compromising important considerations. Rent differentials are not necessarily a large factor in overall agency or facility operating costs. Spending a little more on rent can make a facility much more accessible to transit-dependent clients.

At the same time, the need to meet service demand outweighs the need to ensure transit access in some cases. Therefore, highly transit-accessible locations may not be possible in every circumstance. Examples are large new medical centers that require a substantial footprint. Keeping in mind the need to meet demand, site planning for such facilities should always consider ways to encourage transit utilization among customers.

On the policy side, cities and local jurisdictions need to create incentives to improve the balance of land uses in transit-rich locations so that health and social services facilities receive greater consideration and are more politically and financially feasible to locate in transit-rich areas. Local project review

protocol and criteria could also encourage more collaborative planning processes and help create a better balance between the provision of parking and vehicular access and improved transit access.

The findings presented here will be further tested and explored through the development of project case studies and during the project regional summit scheduled for Fall 2010. Final recommendations for ways to influence location decisions with the goal of improving transit access to health and social services will be based on key findings of the geographic analysis of transit access to services, the review of existing policies, stakeholder outreach and case studies, and regional summit discussion.

Appendix A. Outreach Participants

Technical Advisory Committee

- Dina Brockman, Alameda County Social Services
- Marisa Cravens, Association of Bay Area Governments (ABAG)
- Cindy Dahlgren, Central Contra Costa Transit Authority
- Alexandra Desautels, Alameda County Public Health
- Arthur Goldman, Ritchie Real Estate
- Steve Harris, Contra Costa County Health Services
- Larry Jones, Alameda County General Services
- Kathleen Kennedy, Alameda County General Services Agency
- Nancy Kubota, Regional Center of the East Bay
- Nathan Landau, AC Transit
- Kathleen Livermore, City of San Leandro
- Therese Trivedi, MTC
- Carolyn Trunnell, Caltrans

Interviewees

- Anita Addison, Planning Director, La Clínica
- Charlie Anderson, General Manager, Western Contra Costa Transit Authority
- Eric Angstadt, Strategic Planning Manager, City of Oakland
- Dmitri Belser, Executive Director, Center for Accessible Technology
- Douglas Birnie, Coordinator, Federal Transit Administration
- Carlos Castellanos, Director of Real Estate Development, East Bay Asian Local Development Corporation (EBALDC)
- Sue Compton, Executive Director, Axis Community Health Center
- Tony Divito, AC Transit
- John Dolby, Leasing Agent, Oakland City Center
- Jacquoline Duerr, Director of Center for Disease and Injury Prevention, California Department of Public Health

- Joel Flamand, Transportation Specialist, Workforce Services, Contra Costa County Employment and Human Services Department
- Jeff Flynn, Planning Director, LAVTA
- Mindy Gentry, Planner, City of Antioch Planning Division
- Federal Glover, Contra Costa County Supervisor
- Scott Gregory, Partner, Lamphier-Gregory
- John Greitzer , Contra Costa County Community Development
- Scott Haggarty, Alameda County Supervisor
- Tom Harais, Tri-Delta Transit
- Jeff Hobson, Deputy Director, TransForm
- Cindy Horvath, Senior Transportation Planner, Planning Department, Alameda County Community Development Agency
- Wendy Jackson, Executive Director, East Oakland Community Project
- Jim Kennedy, Redevelopment Director, Contra Costa County Department of Conservation and Development
- Nora Klebow, Architect, Kaiser Permanente Northern California Facilities Group
- Terry Mann, Deputy Director, Contra Costa General Services Agency
- Lisa Motoyama, Director of Housing, Resources for Community Development
- Gail Murray, Director, BART
- Erik Nolthenius, Principal Planner, City of Brentwood
- Ross Ojeda, Real Estate Development Director, The Unity Council
- Michael Roetzer, Director of Administrative Services, Contra Costa County Employment and Human Services
- Steve Schonhaut, Kaiser Permanente
- Jeff Schwob, Planning Director, City of Fremont
- Suzanne Shenfil, Director, Fremont Human Services Department
- Rick Spitler, Former Ed Roberts Campus Project Manager, Consultant to Center for Independent Living
- Wendy Therrian, Director, Workforce Services Bureau, Contra Costa County Employment and Human Services
- Kathy Treggiari, Director of Resident Services, Resources for Community Development

Focus Group Participants

Alameda County Planning For Health Communities Working Group (January 22, 2010)

- Nettle Cole, City of Emeryville
- Jennifer Cullen, Senior Support Program of the Tri-Valley
- Paul Cummings, Alameda County Public Health Department
- Justin Fried, Association of Bay Area Governments (ABAG)
- Sandi Galvez, City of Oakland Planning Commission
- Paul Keener, Alameda County Public Works Agency
- Mona Mena, Alameda County Public Health Department
- Josh Thurman, Office of Alameda County Supervisor Scott Haggarty
- Jean Prasher, City of Livermore
- Pedro Rosado, Office of State Senator Loni Hancock
- Pam Willow, Management Analyst, Alameda County Public Health Department

Monument Community Partnership (April 27, 2010)

- Rosa Loya, Catholic Charities
- Earle G. Ormiston, Advisory Council on Aging
- Linda Strickland, A-maze-ing Solutions Foundation
- Mary Lou Haubscher, Monument Community Partnership
- Harold Blair, Monument Community Partnership
- Keith C. McMahon, Consultant/Monument Community Partnership
- Maria Reyes, La Clínica
- Kathy Renfrow, Monument Community Partnership
- Mike Van Hofwegen, Michael Chavez Center for Economic Opportunity

Appendix B. Interview Questions

1. What is your role in locational decision-making for health care or social service facilities or provision of transportation services? (As applicable) Who are the other key players in your organization that get involved in locational decision-making?

Transit Accessibility and Facilities in your Community

2. Do you believe transit accessibility to social service and health care facilities is a significant problem in your County? As applicable, to your facility? Please explain why.

3. Are there multi-agency service centers in your community? (Define multi-agency centers using examples as necessary)

Policies and Decision-Making

4. (Prompt for local government agencies if not addressed in the above open-ended question) How has your general plan addressed the siting of social service and health care facilities in land use? Transit accessibility to these locations in the circulation element?

   Has your agency adopted any policies related to transit oriented development or smart growth that might improve transit accessibility to health care and social service agency facilities in the future?

5. Have federal, state and local policies with regard to locating public services helped or hindered local decision-making? Identify the specific policies that have influenced the decision-making process.

6. What are the factors that influence location decisions (for health care and social services)? Where does transit accessibility fall on the list of priorities?

Challenges and Obstacles

7. What do you believe are the key barriers to location decisions that support transit accessibility?

8. What are the difficulties in creating multi-service centers with good transit accessibility?

Solutions

9. What do you believe are some ways that these barriers can be removed, or that transit-accessibility can be incentivized in these decisions?

   Which specific public policies would be most influential from your perspective in leading to good future location decisions of health care and social service agency facilities?

10. (Prompt if policy implementation is not addressed in the barriers question above) In our initial research and literature review, we have found that public policy has often been established to improve location decision of health care and social service facilities, but the policies are often trumped by short-term economic issues when it comes to site specific location decisions. (cite relevant examples as necessary)

    Can you comment on your perspective on the most important factors that influence successful implementation of policies that lead to good transit accessibility to health care and social service agency facilities?

Case Studies and Contacts

11. What examples do you know about that illustrate barriers or successful policies with respect to these issues? Who else should we be talking to regarding this project?

12. In the next phase of the project, we will be developing two case studies where transit access was an important criterion in the location decision, and two where it was not and has led to access difficulties. Do you have suggestions for candidates for the case studies? (If yes, ask for contact persons.)

13. Would you be interested in attending the Regional Summit planned for this project next fall? Do you know of others who would be who we should contact?